



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
P.O. BOX 898  
JEFFERSON CITY, MO 65105-0898  
(573) 751-2326 TDD 1-800-735-2966  
**CREDIT INSTITUTION TAX RETURN**

FORM  
**2823**  
(REV. 12-2002)

DLN

**FOR CALENDAR YEAR 2003 — BASED ON THE YEAR 2002 ADDRESS CORRECTION REQUESTED DUE DATE APRIL 15, 2003**

NAME	
ADDRESS	CITY, STATE, ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER	COUNTY NUMBER

During this taxable year, have you been notified of a change in your federal net income taxes for any prior period? ☐ Yes ☐ No  
(If yes, submit schedule of changes.)

**NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN.**

**PART I**

1. Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, Line 21 or Form 1065, Line 22 or Schedule C, Line 31 .....	1	\$
<b>ADDITIONS</b>		
2. Income from state and/or political subdivision obligations not included in federal income. (Explain if different from Schedule M-1 of the federal return.) .....	2	
3. Income from federal government securities not included in federal income .....	3	
4. Charitable contribution claimed on federal return (attach schedule) .....	4	
5. Bad debt provision claimed on federal return .....	5	
6. Net bad debt recoveries .....	6	
7. Missouri credit institution tax deducted on federal return .....	7	
8. Taxes deducted on federal return, claimed as credits on this return. (Must be detailed on Schedule A or attachment.) .....	8	
9. Other additions (attach schedule) .....	9	
10. TOTAL of Lines 1 through 9 .....	10	\$

**PART II DEDUCTIONS**

11. Net bad debt charge offs .....	11	\$
12. Federal income tax deduction (see instructions) .....	12	
13. Other deductions (attach schedule) .....	13	
14. Total of Lines 11, 12, and 13 .....	14	
15. Total income before charitable contribution deduction (Line 10 less Line 14) .....	15	
16. Less charitable contribution deduction (Limit is 5% of Line 15) .....	16	
17. Taxable income (Line 15 less Line 16) .....	17	\$

**PART III COMPUTATION OF TAX**

18. Tax at 7% of Line 17 .....	18	\$
19. Less credits from Line 8 .....	19	
20. Tax due .....	20	
21A. Less tentative payment or amount previously paid .....	21A	
21B. Overpayment of previous year's tax (attach approved credit voucher) .....	21B	
21C. Miscellaneous credits (attach schedule and approved authorizations) .....	21C	
21D. Enterprise zone credit (attach certificate of eligibility) .....	21D	
22. Net tax due .....	22	
23. Plus interest for delinquent payment after April 15, 2003 (see instructions) .....	23	
24. TOTAL AMOUNT DUE .....	24	\$

DESCRIPTION (DO NOT LIST TANGIBLE PERSONAL PROPERTY TAX ON LEASED PROPERTY)		AMOUNT
	\$	
TOTAL (Enter on Lines 8 and 19, Page 1)	\$	

1. List all Missouri offices or locations for which this return is made. Indicate the complete address of each office. Include the percentage of gross income of each office to the total income of the company in Missouri. (Attach separate page if additional space is needed.)  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
2. Is this return made on the basis of actual receipts and disbursements? If not, describe fully what other basis or method was used in computing net income.  
  
\_\_\_\_\_  
  
\_\_\_\_\_
3. State principal source of income \_\_\_\_\_
4. If business is a pawnbroker, state what percent of your total business is your loan business. \_\_\_\_\_

☐ I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.

PREPARER'S TELEPHONE

☐ I do **NOT** authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.

<p>_____, whose return is herewith submitted, declare that we have read and are familiar with all of the statements contained in this return, including the accompanying schedules (if any) all of which are true and correct, according to our best knowledge and belief, and that this return is a true and complete statement, in accordance with the law, for the taxable year covered.</p>			
SIGNATURE OF OFFICER	DATE	PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)	DATE
TITLE OF OFFICER	PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE	FEIN OR PTIN

MO 860-1719 (12-2002)